

<u> ধূndergro</u>und Storage Tank MAY 0 4 2007

ich apply: I Tightness Testing Checklist

☐ Retrolit/Repair cheeklist

☐ Cathodic Protection Checklist

The attached Underground Storage 187 (187) are required for each of the listed activities. The checklists certify that Tightness Testing, Retorib Repair and Conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

المنافق	See back of fo	orm for instructions.
1. UST SYSTEM LOCATIO UBI Number:		Site ID Number: 0 (Available from Ecology if tank is registered)
(UBI # from	Master Business License)	(10000000000000000000000000000000000000
Site/Business Name:	Toppenish Shell	
Site Address:	401 S Elm St	O County
		ashington 98933
Telephone:	City State 509-307-1052	Zip+4 (required)
UST Owner/Operator:	Toppenish Shell	
Mailing Address:	401 S Elm St Street	P.O. Box
,	Toppenish	WA 98933
Telephone:	City State 509-307-1052	Zip+4 (required)
2. FIRM PERFORMING WO	the thorough Tamber O. Envi	ronmental Services, Inc.
Service Co. Address:	17407 59th Ave SE	Snohomish
•	Street Snohomish Washingt	County On 98926
Certified Supervisor:	City State Josh Raymond	Zip+4 (required)
Address:	17407 59th Ave SE	P.O. Box
	Snohomish Washingt	on 98926
	City State	Zip+4 (required)
IFC1 Certification Number:		Certification issue Date (Month/Year): 9/9/2006
. C. Centinoation (Tumoon		
Telephone:	(425) 742-9622	•

Ecology is an equal opportunity and affirmative action employer For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

ECY 010-160 (01/97) Copy

Site If	0 # 0	
Site A	ddress 401 S Elm St	
City	Toppenish	

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	1	2	3	-		
Tank ID# (tank name registered with Ecology)		·			<u> </u>	<u> </u>
2. Date installed						
Tank capacity in gallons	15000	8000	8000	<u> </u>		ļ
Last substance stored	Regular	Midgrade	Premium		ļ <u>.</u>	
Number of tank compartments	1	1	1		<u> </u>	<u> </u>
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	DW	DW	DW			
7. Is overfill device present? (Yes/No)	Drop Tube	Orop Tube	Drop Tube			
Percentage of product in tank during test? (Volume % must comply with test method	-	. •				
certification requirements)	N/A	N/A	N/A		.	1
The test method used can detect a leak of how many GPH?	.05	.05	.05	A		
10. The numerical tank test results are? (In gallons per hour)	N/A	N/A	N/A			<u> </u>
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain						
conclusive test results; the test results are?	Not Tested	Not Tested	Not Tested		<u> </u>	

IV. Line Information

	THE PERSON NAMED IN THE PARTY OF THE		Regular	Midgrade	Premium		<u> </u>	_	
1. Piping type:	(S) single wall; (D)	double wall	Double	Double	Double				_
2. Pump type:	(T) turbine;	(S) suction	Pressure	Pressure	Pressure				
	leak detector present	(Yes/No)	Yes	Yes	Yes				
	ent, was lead seal intact?	(Yes/No N/A)	No	No	No		ļ		_
(2) Line le	ak detector results?	(Pass/Fail)	Pass	Pass	Pass	<u> </u>	<u></u>		
(b) If suction, c	heck valve located at? (T)	tank (P) pump	N/A	N/A	N/A				
4. The numerical li	ne test results are? (gallons	s per hour)	NA	NA	0		<u></u>		
5. Line tightness t		(Pass/Fail)	NA	NA	PASS		<u> </u>		

^{*} Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting f	alse information are subject to formal enforc	ement and/or penalties under Chapter 173.360 WAC.
4/17/2007		Josh Raymond
Date	Signature of Certified Supervisor	Printed Name
Date	Signature of Tank Owner/Authorized Repre	esentative Printed Name

E C O L O G Y

্যানুব্ৰাব্য Tank MAR 0 9 2007

activities which apply: IX Tightness Testing Checklist

☐ Retrofit/Repair checklist ☐ Cathodic Protection Checklist

The attached Underground Storagh Tank (C) St) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

UST SYSTEM LOCATION UBI Number:		Site ID Number:
(UBI# from	n Master Business License)	(Available from Ecology if tank is registered)
Site/Business Name:	Toppenish Shell	(EXEMPT)
Site Address:	401 S Elm St	
	Street	County
-	Toppenish	Washington 98933
	City State	Zip+4 (required)
Telephone:	509-307-1052	
UST Owner/Operator:	Toppenish Shell	
Mailing Address:	401 S Elm St	
_	Street	P.O. Box
•	Toppenish	WA 98933
-	City State	Zip+4 (required)
Telephone:	509-307-1052	, , , ,
2. FIRM PERFORMING WO		Environmental Services, Inc.
Service Co. Address:	17407 59th Ave SE	Snohomish
_	Street	County
	Snohomish Washi	ington 98926
-	City State	Zip+4 (required)
Certified Supervisor:	Erik Snyder	
Address:	17407 59th Ave SE	
_	Street	P.O. Box
	Snohomish Washi	ngton 98926
_	City State	Zip+4 (required)
IFCI Certification Number:	32-US-32025440	Certification issue Date (Month/Year): 5/9/2005
Telephone:	(425) 742-9622	

Ecology is an equal opportunity and affirmative action employer For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Underground Storage Tank

Tightness Testing Checklist

Site 10	0#	
Site A	ddress 401 S Elm St	
City _	Toppenish	

. igig office		торрелізіт
For more than four UST systems, you may photo-	opy this form prior to	completing.
I. TIGHTNESS TESTING METHOD	Date of Test:	3/13/2006
1 Tightness testing method(s) used (indicate if more the Test method name/version ☐ Accurite (Line) ☐ 2001 Test method Manufacturer ☐ Services and Training ☐ USTest - Sound Services	/ P(Tank) □ 2000 Corp(Line)	
Note: A tank must be tested up to the product level limited by the device is not installed, a tank must be tested up to the 95 methods are used, the tank must be; 1) filled with product above the product level must be tested using a nonvolum tightness testing.	% full level. When und t to the 95% full level o	erfill volumetric testing
2. Indicate the method used to determine if groundwater was prese for single wall tanks): n/a	nt above the bottom of	the tank during the test (require
☐ Weekly manual gauging ☐ Red ☐ Daily manual inventory control ☐ Brin ☐ Automatic tank gauging (ATG) ☐ Tan	for conducting tightne uired for release dete g temporarily closed c or piping repair er (describe)	
	fill volumetric erfill volumetric volumetric	
. TEST METHOD CHECKLIST		
The following items shall be initialed by the Certified Supervisor was 1. Has the tightness testing method used been demonstrated to meet performance standard specified in the UST rules for the condition the test was conducted? (e.g., detecting a 0.10 gallon per hour le probability of detection of at least 95% and a probability of fallowed the certified Supervisor was 1. Has the tightness testing method used been demonstrated to meet performance standard specified in the UST rules for the condition	the s under which k rate with	on this form. Yes No N/A*
2. Have all written testing procedures developed by the manufacture equipment and method been followed while the test was being set		
3. Was the product level in the tank during the test within the limitatest methods performance standards?	tions of the	
4. If groundwater was present above the bottom of the tank, have the procedures accounted for its presence? (required for single wall t		
5. If the tightness test is considered a failed test, has the owner/oper notified of the test results? (Note: Tank owner must report a faile test as a suspected release within 24 hours to UST staff at the app	d tightness	

* Item not applicable

Site	4		
Site /	Address	401 S Elm St	
City	Тор	penish	

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
Tank ID# (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	15000	8000	8000	0
Last substance stored	Regular	Midgrade	Premium	0
5. Number of tank compartments				
6. Tank type: (S) single wall; (D) double wall; (P) partitioned				
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)				
The test method used can detect a leak of how many GPH?	+/- 0.05	+/- 0.05	+/- 0.05	+/- 0.05
10. The numerical tank test results are? (In gallons per hour)				
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?				

IV. Line Information

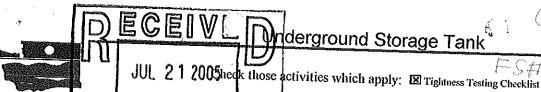
	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	d	d	d	
2. Pump type: (T) turbine; (S) suction	t	ŧ	t	
3. (a) If turbine, is leak detector present (Yes/No)	yes	yes	yes	
(1) If present, was lead seal intact? (Yes/No N/A)	n/a	n/a	n/a	
(2) Line leak detector results? (Pass/Fail)	pass	pass	pass	
(b) If suction, check valve located at? (T) tank (P) pum	n/a	n/a	n/a	
4. The numerical line test results are? (gallons per hour)	n/a	n/a	n/a	
5. Line tightness test results? (Pass/Fail)	n/a	n/a	n/a	

^{*} Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting I	alse information are subject to formal enforcem	ent and/or penalties under Chapter 173,360 WA
3/13/2006	(A2)	Erik Snyder
Date	Signature of Certified Supervisor	Printed Name



o i i o i

Winderground Storage Tank

☐ Retrofit/Repair checklist

Cathodic Protection Checklist

The attached Underground Storage Tank (UBT) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions. 1. UST SYSTEM LOCATION AND OWNER **UBI Number:** Site ID Number: (UBI # from Master Business License) (Available from Ecology if tank is registered) Site/Business Name: Toppenish Shell Site Address: 401 S Elm St Street County Toppenish Washington 98933 State Zip+4 (required) Telephone: 509-307-1052 UST Owner/Operator: Toppenish Shell Mailing Address: 401 S Elm St Street P.O. Box Toppenish WA 98933 State Zip+4 (required) Telephone: 509-307-1052 2. FIRM PERFORMING WORK Service Company: Northwest Tank & Environmental Services, Inc. Service Co. Address: 17407 59th Ave SE Snohomish County Snohomish Washington 98926 State Zip+4 (required) Certified Supervisor: Richard Wilson 1720 100th PI SE, Suite 101 Address: Street P.O. Box Everett Washington 98208-3826 Zip+4 (required) IFCI Certification Number: 5120193-43 Certification issue Date (Month/Year): Telephone: (425) 742-9622

> Ecology is an equal opportunity and affirmative action employer For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

ECY 010-160 (01/97) Copy

December 11, 2002

TO:

Jim Greeves, EPA Region 10 WOO

FROM:

Desiree Wells, Department of Ecology SWRO-TCP

SUBJECT:

Transfer of Site File from Department of Ecology to the EPA

RE:

BRANDXII TOPPENISH RH BOWLES CO INC

401 SOUTH ELM, TOPPENISH Ecology UST #9128 - FS #61762758

The Department of Ecology (Ecology) is transferring this underground storage tank site to EPA Indian Lands - Underground Storage Tank Division. This site is located on Indian Lands, which Ecology does not regulate. Therefore, with the transfer of this site, EPA agrees to regulate this underground storage tank site and oversee any cleanup located at this site.

The site file, transferred from Ecology's CRO Regional Office Records Center, is attached. The electronic file information from Ecology's database will be transferred in the near future. The site and electronic files will be located at the EPA Indian Lands - Underground Storage Tank Division located in Seattle.

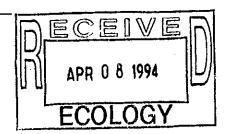
cc: Tara Davis, State of Washington Department of Ecology, HQ-TCP
Christina Zerby, State of Washington Department of Ecology, CRO-TCP-UST
Brian Deeken, State of Washington Department of Ecology, CRO-TCP-LUST
Roger Johnson, State of Washington Department of Ecology, CRO-Central Records
Carol Dorn, State of Washington Department of Ecology, HQ-Central Records
Carla Skog, State of Washington Department of Ecology, HQ-TCP
Jim Greeves, U.S. EPA Washington Operations Office, Lacey, Washington

Law Office

ROBERT J. REYNOLDS, P.S.

A PROFESSIONAL SERVICE CORPORATION

901 Summitview Avenue, Suite #251 Yakima, WA 98902 Tel: (509) 453-0313 FAX: (509) 453-0314



April 5, 1994

Department of Ecology P.O. Box 47600 Olympia, WA 98504-7600

Re: Underground Storage Tank Sites - R.H. Bowles, Inc.

Gentlemen:

I am the Trustee for the chapter 7 Bankruptcy of R.H. Bowles, Inc. which was filed in June of 1991. R.H. Bowles, Inc. last operated on the Memorial Day weekend, 1991, and there have been no operations since that time. The estate no longer controls any of the sites listed. Those that were not repossessed have been sold or abandoned. Please change you records to reflect that fact.

Very truly yours,

ROBERT J. REYNOLDS, P.S.

Robert J. Reynolds

RJR/lmk

FISCAL YEAR 1995 UNDERGROUND STORAGE TANK FEE INVOICE SUNMARY

	2,850.80	38					CUST.ID U00065857
06-01-1994	225.00	ယ	COCO'S BRAND X	106642	UST48910	RH BOWLES COMPANY IN	น ตสต 5857
06-01-1994	375.00	ζI	SUMMYSIDE TEXACO RH BOWLES CO INC	909264	UST48909	RH BOWLES COMPANY IN	U8005857
06-01-1994	225.00	ω	ELLENSBURG SHELL RH BOWLES CO INC	68 9263	UST48988	RH BOWLES COMPANY IN	U0005857
86-01-199 4	225,00	ω	NOB HILL SHELL RH BOWLES CO INC	19268	UST48907	C RH BOWLES COMPANY IN	U0005857
0 6-01-1994	525.88	7	RH BOWLES COMPANY INC RH BOWLES CO	009260	UST48906	RH BOWLES COMPANY IN	18005
86-01-1994	225.00	ω	CENTRAL SHELL RE BOWLES CO INC	889259	UST48905	C BOWLES COMPANY IN	U0005857
06-01-1994	225.00	ယ	YAKINA AVENUE SHELL RH BOWLES CO INC	88 9258	UST48904	RH BOYLES COMPANY IN	U###5857
06-01-1994	366.69	ьĒэ	NACHES SHELL	009255	UST48983	RH BOWLES COMPANY IN	U0005857
06-01-199 <u>4</u>	225.00	ω	WAPATO SHELL BY BOWLES CO INC	009254	UST48902	RH BOWLES COMPANY IN C	U 080 5857
96-91-1994	380.98	,₽ 2=	NORTH FIRST ST SHELL RUBONLES CO INC	685129	UST489#1	RH BOWLES COMPANY IN	UBB045857
DUE. DT	IRV. ANOUNT.	NO OF TARKS	SITE, NAME	SITE KO	INVOICE, NO	OWNER MANE	ONER 1D

Law Office

ROBERT J. REYNOLDS, P.S.

A PROFESSIONAL SERVICE CORPORATION

901 Summitview Avenue, Suite #251 Yakima, WA 98902 Tel: (509) 453-0313 FAX: (509) 453-0314

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Very truly yours,

ROBERT J. REYNOLDS, P.S.

Robert J. Reynolds

RJR/lmk

CPDATE UNDERGROUND

UNDERGROUND TORAGE TANK INFO MATION UPDAT

Please check all of the it...ormation on this page to make sure it is contact. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column on the right.

TANK OWNER INFORMATION Current Information

19885557 OWNER NUMBER:

RH BOWLES COMPANY INC 901 SUMMITVIEW AVE #251 YAKINA, WA 98902-3068 ADDRESS: 計學品 SHEE

(589) 248-3868

DWNER PHONE:

YAKINA, WA

Corrected Information **Current Information** INFORMATION TANK SITE

8 智能器 BRANDXII TEPPERISH RH SITE ADDRESS: NEW SEN 同語

Ě

98948-1658 TOPPENISH, 44 481 SOUTH ELM

DAVID BOWLES (509) 248-3068 YAKIMA CONTACT PERSON: CONTACT PHONE: SITE COUNTY:

Current Information

Corrected Information

TANK INFORMATION

18888-19999 GALLONS ALCOHOL BLEND GAS UPERATIONAL INSTALLATION DATE: SUBSTANCE STORED: TANK ID: TANK STATUS: TANK SIZE:

TANK FEE INFORMATION

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided.

The Annual Fee is for the Period 7/01/94 - 6/30/95

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE

867128 SITE NUMBER: INVOICE NUMBER:

; TOTAL DUE FOR ALL YEARS: \$900 AT \$75.88 EACH: DUE FOR CURRENT YEAR: N/A B TANKS AT \$75.88 EACH DATE BUE: JUNE 1, 1994

PREVIOUS YEARS' OUTSTANDING FEES: 1998: \$8

OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE

Name of UST owner or Authorized Representative

Signature of UST

(DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

Underground Storage Tank Permit

Display at the Underground Storage Tank Site Washington Department of Ecology Please

THE PERMIT IS VALID ONLY WHEN STAMPIN BY

ECOLOGY WITH AN EXPRACTION DATE. IT IS

LAWFUL TO DELIVER PRODUCT TO LANKS WITH

OUT VALID PERMITS.

If this permit should be sent to an address that is different from the owner's, please place a correctly addressed mailing label over the address shown below.

Owner:

UBBBB1851

SUMMITVIEW AVE #251 IMA, WA 98902-3068 RH BOWLES COMPANY INC YAKIMA, SA ë

98948-1656 TOPPENISH, WA

ÇD.

Stored: Substance

ALCOHOL BLEND GAS

ECY 010-165 Rev. 2/94

1994: \$300

CE FINC BRANDXII TOPPENISH RH BOMLES 269128 INVOICE NUMBER: SOUTH ELM SITE NUMBER:

This space provided for owner to identify this tank to product distrib

These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. the Department of Ecology within 24 hours. A suspected or confirmed release must be reported to

UPDATE TANK NFOF TORAGE MAGE

Please check all of the incomation on this page to make sure it is correct. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column on the right.

TANK OWNER INFORMATION Current Information Corrected Information (PRINT)

901 SUMMITVIEW AVE 4251 RH BOWLES COMPANY INC DANER ADDRESS: OWNER NUMBER: NAME:

CHART

Geograps

YAKIMA, WA 98992-3868 (589) 248-3868 CHINER PHONE:

Corrected Information PRINTOR TYPE **Current Information** INFORMATION TANK SITE

JWC

8

图解记 꾩 009128 BRANDXII TOPPENISH 401 SOUTH ELM ADDRESS: NUMBER: SITE NUMBER SITE NAME: SITE ADDRES

98948-1658 TOPPENISH, WA YAKIMA SITE COUNTY:

DAVID BOWLES (509) 248-3868 CONTACT PERSON: CONTACT PHONE:

(PRINT OR TYPE, **Corrected Information Current Information** TANK INFORMATION

18888-19999 SALLONS 2 OPERATIONAL ALCOHOL BLEND GAS INSTALLATION DATE: STURED: TANK ID: Tank Status: TANK SIZE: SUBSTANCE

TANK FEE INFORMATION

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided.

The Annual Fee is for the Period 7/01/94 - 6/30/95

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE:

OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE

Name of UST owner or Authorized Representative

(DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

Date Signed Please Display at the Underground Storage Tank Site. Underground Storage Tank Permit Washington Department of Ecology Signature of UST Owner or Authorized Representative

TO DELIVER PRODUCT TO LANKS WITH VALID ONLY WIEM STAMBUDY BOOLOGY WITH AN EXPIRATION DATE. OLT VALID PERMITS THE PERMIT B LAWFUL

owner's, please below If this permit should be sent to an address that is different from the place a correctly addressed mailing label over the address shown

Owner:

SOI SURKITVIEW AVE #251 98982-3898 AN BOWLES COMPANY INC YAKIRA, MA **Jees2527**

ECY 010-165 Rev. 2794

BRANDXII TOPPENISH RH BOWLES 401 SOUTH ELM 98948-1658 **207128** INVOICE NUMBER: TOPPENISH, WA SITE NUMBER:

11

8

Stored: Substance

ALCOROL BLEND 64S

These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. the Department of Ecology within 24 hours. A suspected or confirmed release must be reported to

MATION TANK NFO TORAGE

Please check all of the incrmation on this page to make sure it is conect. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column on the right.

TANK OWNER INFORMATION Current Information Corrected Information (PAINT)

UDBBEES OWNER MUNISERS

RK BOWLES COMPANY INC 981 SUMMITVIEW AVE #251 YAKIMA, WA 98902-3068 SUMER ADDRESS:

8982-852 (585) OWNER PROVE

Corrected Information **Current Information INFORMATION** TANK SITE

公式 8 SC#1.53 æ BRANDAII TOPPENISH 481 SOUTH ELM SITE NUMBER: SITE MAME: SITE ADDRESS:

98948-1658 TOPPENISH, WA YAKINA SITE COUNTY:

DAVIB (589) CONTACT PERSON: CONTACT PHONE:

248-3868

Corrected Information **Current Information** TANK INFORMATION

(PRINT OR TYP

OPERATIONAL ALCONOL BLEND GAS TANK ID: TANK STATUS:

10330-1979 6ALLONS SUBSTANCE STORED: TANK SIZE:

INSTALLATION DATE:

1. TANK FEE INFORMATION

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided. The Annual Fee is for the Period 7/01/94 - 6/30/95

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE:

OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYP

Name of UST owner or Authorized Representative

Date Signed

Storage Tank Site Underground Storage Tank Permit Washington Department of Ecology Please Display at the Underground (DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

TES PERMIT IS VALID ONLY WHEN STANDED BY EXCLOSY WITH AN EXPINATION DATE. IT IS UN TO DELIVER PRODUCT TO LARKS WITH OCT VALID PERMITS

If this permit should be sent to an address that is different from the owner's, please place a correctly addressed mailing label over the address shown below.

Owner:

18800557

RM BUWLES COMPANY INC 981 SUMMITVIEW AVE #251 YAKIMA, WA 98982-3868

INVOICE NUMBER: SITE NUMBER:

Ä 8 BRANDXII TOPPENISH RH BOWLES 98948-1658 4 481 SOUTH ELM OPPENISH,

Tank ID.

Substance

Stored:

ALCORDL BLEND GAS

ECY 010-165

TIME COLUMN STREET

These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. the Department of Ecology within 24 hours. A suspected or confirmed release must be reported to

ZOLY TORAGE TANK

Please check all of the incompation on this page to make sure it is correct. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column on the right.

| TANK OWNER INFORMATION | Current Information | Corrected Information | Property |

VBBBB5857 GWAER NUMBER:

901 SUMMITUIEM AVE #251 YAKIMA, WA 98902-3068 RS BORLES COMPANY INC AURESST 人 問題

(589) 248-3868 DANER PROVE:

Corrected Information **Current Information INFORMATION** TANK SITE

RH BOWLES BRANDXII TOPPENISH 481 SOUTH ELM ADDRESSY SITE NUMBER SITE NAME: SITE ADDRES

1 NC

8

98948-1658 TOPPENISH, WA YAKIMA SITE COUNTY:

24VID BOWLES (509) 248-3868 CONTACT PERSON: CONTACT PHONE:

Corrected Information **Current Information** TANK INFORMATION

18868-19999 GALLONS š TEMP DUT OF STUREDS TANK ID: TANK STATUS: SUBSTANCE STE

INSTALLATION DATE: TANK SIZE:

TANK FEE INFORMATION

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided.

The Annual Fee is for the Period 7/01/94 - 6/30/95

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE:

OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE

Name of UST owner or Authorized Representative

Signature of UST Owner or Authorized Representative

Please Display at the Underground Storage Tank Site. Underground Storage Tank Permit Washington Department of Ecology (DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

BOOLOGY WITH AN EXPRAILED DATE. IT IS UN-TO DELIVER PRODUCT TO TANKS WITH. THE CHART OF RELEASE THE PERMIT IS WALLD OVER

If this permit should be sent to an address that is different from the owner's, please place a correctly addressed mailing label over the address shown below.

Owner:

UBBB557

ry downes company inc

INVOICE NUMBER: BRANDXII TOPPENISH RH BOHLES 98948-1658 82128 TOPPENISH, WA 481 SOUTH ELM SITE NUMBER:

£18C 5

ank ID

Substance Stored:

These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. the Department of Ecology within 24 hours. A suspected or confirmed release must be reported to



WASHINGTON STATE UNDERGROUND STORAGE TANK NOTIFICATION FORM



IMPORTANT: PLEASE READ ALL INSTRUCTIONS ON PAGES 1-1 AND 1-2 BEFORE ENTERING INFORMATION.

- ABOVEGROUND TANKS MUST BE REPORTED IF THE CONNECTED UNDERGROUND PIPING COMPRISES AT LEAST 10% OF THE OVERALL STORAGE SYSTEM (TANK AND PIPING).
- A SEPARATE FORM MUST BE USED FOR EACH SITE, EXCEPT FOR SITES WITH ONLY ONE TANK EACH. SEE THE GENERAL INSTRUCTIONS (PAGE 1-2) FOR THE DEFINITION OF A SITE AND DETAILS ON REPORTING SITES WITH ONE TANK EACH.

• THERE IS ROOM IN SECTION VI FOR INFORMATION CONCERNING 15 TANKS. IF YOU HAVE MORE THAN 15 TANKS, PHOTOCOPY BOTH PAGES OF SECTION VI BEFORE ENTERING ANY INFORMATION. (IF YOU HAVE MORE THAN ONE SITE, EITHER OBTAIN MORE FORMS FROM THE DEPARTMENT OF ECOLOGY OR BE SURE TO ALSO PHOTOCOPY THIS PAGE.)

DEPT. OF ECOLOGY

MAY -9 86 0 0 9 1 2 8

1. PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK.	OCOUT ON BE SURE TO ALSO PHOTOCOPY THIS PAGE.)	STATE USE ONLY
I. OWNERSHIP OF THE TANK(S)	III. SITE OF THE TANK(s)	
Please enter information regarding the owner of the tank(s). If the ownership of the tank(s) is uncertain, enter information regarding the owner of the property where the tanks are located, or information regarding the former owner of the tanks. Please circle the correct letter, indicating who the information given below refers to:	(If the same as Section I, mark box here. See the General Instructions (Page	1-2, 2.a.) for the definition of a site.
A. OWNERSHIP UNCERTAIN BURRENT OWNER OF TANK(S) C. FORMER OWNER OF TANK(S) D. PROPERTY OWNER	BRANDXII TOPPENISH RM BOU	LES CO INC
E. OTHER (PLEASE SPECIFY):	Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS OPERAT OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH OF HERE.)	ED BY A LEASEE OR RENTER, THE NAME PERATES THE FACILITY SHOULD BE ENTERED
RN BOWLES COMPANY INC Owner Name (Corporation, Individual, Public Agency, or Other Enlity) HOLWITST POBOX 1269	Street Address or State Road where the tanks are located. (IF NO STREET ADDRESS LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHERE	S OR STATE ROAD, PLEASE ENTER THE THE TANKS ARE LOCATED.)
Street Address	TOPPENISH	State 98948 -
VAKIMA 509-248-3068	VAKIMA 509-865-244 doubly Area Code Phone Number	14
Qounty Area Code Phone Number	IV. THE TOTAL NUMBER OF TANKS AT	THIS SITE
Type of Owner or Facility: CIRCLE CORRECT CODE(s) CODE TYPE CODE TYPE	Number of tanks containing petroleum, which are now in use:	
Service Station	Number of tanks which have stored petroleum, but are not now in	use:
B. Bulk Pleat	3. Number of tanks containing regulated chemicals, which are now in	
C. Petroleum Distributor I. Residence (Non-Farm) O. State U. Fire Dept./District	4. Number of tanks which have stored regulated chemicals, but are no	
© Convenience Store J. Farm P. Federal (Military)* V. Other Special Service District (e.g.,	TOTAL MUNIC	
. Auto Dealer K. Airport Q. Federal (Non-Military) sewer, water)		ER OF TANKS
Other Commercial/Retail L. Marina R. School District W. Other	Please mark this box if the site is located on land within an indian reser	rvation or on other Indian trust lands \square
FEDERAL FACILITIES ONLY: Please give your GSA Facility ID Number (Building Number).	V. CERTIFICATION (Please read and sign after com	pleting Section VI.)
II. CONTACT PERSON AT THE TANK LOCATION	I certify under penalty of law that I have personally examined and am familiar with the info To the best of my knowledge and belief, the submitted information is true, accurate, and o	ormation submitted in this and all attached documents.
The contact person should be the individual responsible for regularly monitoring the operation of the tank(s).	Durid & Bowles	
DAVID BOWLES Name (If same as Section i, mark box here)	Name and official title of owner or owner's authorized representative or in cases where the	e ownership is unknown, the name and title of the
Possing pure pure property of the	person signing the form. (PLEASE TYPE OR PRINT IN INK.)	O The state of the
JOB THE STARM THE BOULES CO 509-248-3068	Date Signalura (DI FASE SIGN IN INV)	5 - ~

	VI. II	NFO	RMATION I	REGARDING IN	DIVIDUAL TANK	S (See instruc	tions regarding	individual tanks,	Page I-2)
S. Training	a. Yank Identific	etton	breTank Status	c. Age of the Tank	The state of the s	Tenk Construction	1. Leak Detection	g. Cathodic Protection	h. Internal Protection
The second second	Please list your thumsfically (172, or use an establicant libelion or code. The info on the following cashould spirit the corresponding row column.	3, etc.) shed number rmation olumns he tank	B. Temporarily out of use. C. Permanently out of use. D. Brought into use after 6/8/86.	choose a letter and put it in the	Please put the correct letter for each tank in the appropriate row of the column below. If the exact capacity lan't known, please choose an estimate. A. Under 500 gallons B. 500-999 gallons C. 1,000-4,999 gallons D. 5,000-9,999 gallons E. 10,000-19,999 gallons F. Over 20,000 gallons	A. Carbon Steel B. Stainless Steel C. Steel, type unknown D. Fiberglass Reinforced Plastic F. Concrete G. Aluminum H. Other Material (please specify) I. Unknown Material	Please put all the letters which apply to each tank in the appropriate row of the column below. (if "Other" (N) please also enter type of detection.) A. Daily inventory B. Tightness/Leak test within past year C. In-tank system E. Product gauge F. Electronic sensor G. Manually sampled well(s) H. Automatically sampled well(s) L. Well or detector in secondary	Please put the correct letter for each tank in the appropriate row of the column below. (if "Other" (C) please also enter the type of protection.) A. Sacrificial Anode/Galvanic Type B. Impressed Current Type C. Other Type (please specify) D. Cathodically Protected, Type Unknown E. None F. Unknown	Please put the correct letter for each tank in the appropriate row of the column below. (if "Other" (F or I) please also enter the type of protection.) A. Rubber Lining B. Alkyd Lining C. Epoxy Lining D. Phenolic Lining F. Glass Lining F. Other Lining (please specify) G. Lined, type unknown H. Unlined I. Other internal protection (please
				H. More than 30 years	775 1967 - May 27 1 - 23 - 100 - 1427 - 1439	J. Single Walled K. Double Walled L _{tst} Has secondary containment	containment J. In ground detector K. Between walls of double-walled		specify) J. Unknown
	•		,		t ges styl i t ges vær	M. Has overfill protection	tank L. Groundwater monitoring plan M. Spill Prevention Control and Countermeasure Plan		
		181	- 1124 - 14 1331 - 14		e de Sago Hebri	, ,	N. Other (please specify) O. None		
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<u>.</u>			A	<u> </u>	Σ.	C	A	F	J
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FORM ECY 020-32 (12/85) -1-1110-

	i. External Protection of the Tank Please put the correct letter for each tank in the appropriate row of the column below. (if "Other" (D or G) please also enter the type of coaling and/or wrapping.) A. Asphalt Coated B. Fiberglass Reinforced Plastic Coated C. Epoxy Coated D. Other Coating (please specify) E. Vinyl Wrapped F. Polyethylene Wrapped G. Other Wrapping (please specify) H. None I. Unknown	Please enter all the letters which apply to the portion of the piping which is underground. (If "Other" (D) please also enter the type of material.) A. Bare Steel B. Galvanized Steel C. Fiberglass Reinforced Plastic D. Other Material (please specify) E. Coated with non-corrosive materials F. Cathodically Protected G. Double-walled H. Within a secondary containment I. Protected with interior lining J. In native soil rather than native soil K. In backfill rather than native soil L. Not certain regarding backfill/native soil M. Details of piping are unknown N. None of the piping is underground	k. Type of Substance Currently or Last Stored in the Tank Please put the correct letter for each tank in the appropriate row of the column below. 1. If the substance is a hazardous substance (J) rather than a petroteum product, please also enter the name of the substance or its Chemical Abstract Service (CAS) number. (See "What Substances Are Covered"? on page 1:1 of the instructions for information regarding hazardous substances.) 2. If different substances are stored in the tank at different times; or if a mixture of substances is stored, please enter all letters which apply. A. Leaded gasoline B. Unleaded gasoline C. Alcohol enriched gasoline D. Diesel fuel E. Aviation fuel F. Kerosene G. Nos. 1; 2; or 4 fuel oil H. Nos. 5 or 6 fuel oil J. Hazardous substance K. Other (Please specify) L. Unknown M. Empty	THESE ITEMS REFER ONLY TO TANKS PERMANENTLY OUT OF SERVICE. PLEASE LEAVE THE ROWS FOR THE TANKS STILL IN SERVICE BLANK. 1. Date of Last Use If the exact month and year of last use isn't known, please enter an estimate. (Use two digits for the month and two for the year; e.g., 06-84.) If the exact amount left in the tank isn't known, please enter an estimate, in gallons. If the exact amount left in the tank filled? Was the tank filled? Was the tank filled? Was it filled with water? Please put the correct letter in the appropriate row of the column below. A. The tank was filled with water. C. The tank was not filled. D. Unknown Out of Service for many and and any and any are the correct letter in the suppropriate row of the column below. A. The tank was filled with water. C. The tank was not filled. D. Unknown Out of Service for many and any are the correct letter in the suppropriate row of the column below. A. The tank was filled with water. C. The tank was not filled. D. Unknown Out of Service for many and any are the correct letter in the suppropriate row of the column below. A. The tank was filled with water. C. The tank was not filled. D. Unknown Out of Service for many and any are the correct letter in the suppropriate row of the column below. A. The tank was filled with water. C. The tank was not filled. D. Unknown Out of Service for many and any are the correct letter in the suppropriate row of the column below. A. The tank was filled with water. C. The tank are the correct letter in the suppropriate row of the column below. A. The tank was filled with water. C. The tank was filled? The tank isn't known, please enter and the tank isn't known, please enter and the tank isn't known, please enter and tank isn't known, please enter and the tank isn't known, please e
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